

Before the
STATE OF RHODE ISLAND
COMMISSION FOR HUMAN RIGHTS
180 Westminster Street
Third Floor
Providence, RI 02903
(401) 222-2661 TDD# 222-2664

DISCRIMINATION QUESTIONNAIRE

Please fill out this form as completely as possible and return it to the Commission at the above address. You will be contacted regarding the filing of a formal charge if your situation comes under our jurisdiction. PLEASE NOTE This form is not a formal charge of discrimination. Please type or print your answers clearly. PLEASE BE ADVISED THAT IF QUESTION NUMBER 7 IS NOT ANSWERED COMPLETELY, THE COMMISSION CANNOT PROCESS YOUR CHARGE.

Indicate Mr./Mrs./Ms. _____ Date _____

1. Name _____
Address _____
City _____ State _____ Zip Code _____ County _____
Social Security Number _____ Date of Birth _____
Telephone (include area code) Home _____ Work _____

2. Who are you filling against? ☐ Landlord ☐ Manager ☐ Bank
☐ Builder ☐ Real Estate Agent ☐ other

3. Name _____
Address _____ City _____ State _____
Zip Code _____ Telephone _____ County _____

4. Location of Property:
Address _____ Apartment No. _____
City _____ State _____ Zip Code _____
Number of apartments in the above property _____

Please check cause of alleged discrimination:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Ancestral Origin	<input type="checkbox"/> Sex	<input type="checkbox"/> Age (over 18)	<input type="checkbox"/> Mental Handicap
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Minor Children	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity or Expression

Specify cause circled: _____
Example: If you marked RACE, indicate your race (i.e. black, white, etc.)

Please check the alleged discriminatory action/condition:

<input type="checkbox"/> Refusal to rent	<input type="checkbox"/> Refusal to sell	<input type="checkbox"/> Terms/conditions of rental
<input type="checkbox"/> Refusal to mortgage	<input type="checkbox"/> Advertising	<input type="checkbox"/> Terms/conditions of sale
<input type="checkbox"/> Handicap Accommodation	<input type="checkbox"/> Intimidation/Coercion	<input type="checkbox"/> other

7. Please explain (on a separate paper) what action was taken against you that you believe to be discriminatory. Were other persons treated differently than you? What harm, if any, was caused to you as a result of that action? Please include all relevant names and dates. If you have any documents concerning the situation, please attach copies to your statement.

8. Please specify the date(s) the alleged harm took place _____

9. Have you sought any assistance about the action you think was discriminatory from any other government agency, Union or from any other source?

☐ Yes ☐ No. If yes, indicate:

Name of source of assistance _____

Result, if any _____

10. Have you sought the assistance of a lawyer? ☐ Yes ☐ No

If yes, indicate: Name: _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____

Will he/she be representing you? ☐ Yes ☐ No

If yes, please have him/her submit an entry of appearance letter.

11. Please provide the name of a person not living at your address who is in the local area and who would know how to reach you.

Name _____ Relationship _____

Address _____ City _____ State _____

Zip Code _____ Phone # _____

PLEASE NOTE: If you have a disability and need a reasonable accommodation in order to complete this form, please notify the Commission.

FOR OFFICE USE ONLY-DO NOT COMPLETE	
SEND NOTICES TO:	
A)	Agent For Service _____ Address _____ City _____ State _____ Zip Code _____
B)	Corporate Headquarters _____ Address _____ City _____ State _____ Zip Code _____
C)	Other _____ Address _____ City _____ State _____ Zip Code _____